

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B087153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/23/2015
NAME OF PROVIDER OR SUPPLIER ACCORD SENIOR CARE INC - ROCKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 6807 E ROCKWOOD RD WICHITA, KS 67206		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with investigation of complaints #84843, #87153, #87585, and #87774 on 6/16/15, 6/17/15, 6/18/15, and 6/23/15.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on record review, interview, and observation for 3 (#502, #501, and #503) of 4 residents receiving services from an outside resource, the operator failed to ensure the development of a written negotiated service agreement (NSA) for each resident, based on the resident's functional	S5105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kansas Department on Aging

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S5105	<p>Continued From page 1</p> <p>capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the case manager, and, if agreed to by the resident or the resident's legal representative, the resident's family that included the description of services provided by an outside resource, the identification of the outside resource, and identification of the party responsible for payment to the outside resource.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #502 revealed an admission date of 3/11/14 and diagnosis of dementia with behaviors. <p>The significant change functional capacity screen dated 11/24/14 indicated the resident required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of urine; was at risk for falls; and experienced impaired long-term memory, short-term memory, decision making, and memory recall.</p> <p>The record contained a medical care provider's written order dated 5/19/15 for home health physical therapy, occupational therapy, and skilled nursing to evaluate provide treatment if indicated.</p> <p>The NSA dated 11/24/14 lacked documentation of services provided by home health, the name of the home health provider, and the party responsible for payment of the services.</p> <p>At 4:30 p.m. on 6/16/15, in resident #502's room observed certified medication aide #A provide</p>	S5105		

Kansas Department on Aging

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S5105	<p>Continued From page 2</p> <p>incontinence care to resident while resident was in bed. Licensed nurse #B also present to assess resident's skin. Observed a small red area with peeling skin surrounding on left inner buttock. Licensed nurse #B stated a home health nurse visited the resident 1 or 2 times a week to provide wound care and assessment.</p> <p>At 11:00 a.m. on 6/17/15, observed a home health nurse assess the resident's wound and surrounding skin. Home health nurse confirmed he/she had been visiting resident to provide wound care and now wound was healed.</p> <p>At 10:55 a.m. on 6/18/15, the operator confirmed the resident's NSA lacked a description of services provided by home health, the name of the home health, and the party responsible for payment to the home health.</p> <p>The operator failed to ensure the development of a written NSA for resident #502, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the case manager, and, if agreed to by the resident or the resident's legal representative, the resident's family that included the description of services provided by an outside resource, the identification of the outside resource, and identification of the party responsible for payment to the outside resource.</p> <p>- Record review for resident #501 revealed an admission date of 5/19/15 and diagnoses of atrial fibrillation and stroke.</p> <p>The admission functional capacity screen dated 5/19/15 indicated the resident required supervision with eating; physical assistance with</p>	S5105			

Kansas Department on Aging

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S5105	<p>Continued From page 3</p> <p>bathing, dressing, toileting, transferring, and mobility; was unable to perform management of medications and treatments; was usually continent of urine; experienced impaired vision; was at risk for falls; and did not experience impaired cognition.</p> <p>The record contained a medical care provider's written order dated 6/2/15 for physical and occupational therapy services.</p> <p>The NSA dated 5/19/15 lacked a description of physical and occupational therapy services, the name of the provider, and the party responsible for payment of the services.</p> <p>During an interview at 3:25 p.m. on 6/17/15, resident #501 stated he/she received therapy visits from an occupational therapist and physical therapist. Observed yellow tape placed over blue tape to mark the end of resident's bed, door knob, doorway and hallway to dining room. Resident stated he/she had impaired vision and occupational therapist placed tape to enable resident to find way to dining room and back to bed.</p> <p>At 11:15 a.m. on 6/18/15, the operator confirmed the NSA lacked a description of service provided by occupational and physical therapy, the identity of the provider, and party responsible for payment of the services.</p> <p>The operator failed to ensure the development of a written NSA for resident #501, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the case manager, and, if agreed to by the resident or the resident's legal representative, the</p>	S5105		

Kansas Department on Aging

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S5105	<p>Continued From page 4</p> <p>resident's family that included the description of services provided by an outside resource, the identification of the outside resource, and identification of the party responsible for payment to the outside resource.</p> <p>- Record review for resident #503 revealed an admission date of 2/4/15 and diagnoses of dementia, diabetes mellitus type II, and hypothyroidism.</p> <p>The admission functional capacity screen dated 2/4/15 indicated the resident required supervision with dressing, toileting, transferring, mobility, and eating; physical assistance with bathing; was unable to perform management of medications and treatments; was usually continent of urine; was at risk for falls; and experienced impaired short-term memory, decision making, and memory recall.</p> <p>The record contained a medical care provider's written order dated 6/2/15 for speech therapy evaluation and treatment due to increased difficulty with swallowing and choking.</p> <p>The NSA lacked a description of services provided by a speech therapist, the identification of the outside resource, and the party responsible for payment to the outside resource.</p> <p>At 9:50 a.m. on 6/17/15, observed a speech therapist sit at the dining room table while resident #503 ate breakfast. The speech therapist cued resident to alternate a bite of food with a drink of liquid and to clear cheek when resident pocketed food in cheek.</p> <p>During an interview at 11:00 a.m. on 6/18/15, the operator confirmed the resident's NSA lacked a</p>	S5105		

Kansas Department on Aging

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S5105	Continued From page 5 description of the service provided by the speech therapist, the identity of the outside resource, and the party responsible for payment to the outside resource. The operator failed to ensure the development of a written NSA for resident #503, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the case manager, and, if agreed to by the resident or the resident's legal representative, the resident's family that included the description of services provided by an outside resource, the identification of the outside resource, and identification of the party responsible for payment to the outside resource.	S5105			
S5165 SS=F	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on record review and interview for 3 of 3 certified medication aide (CMA) employee files reviewed and 2 (#503 and #504) residents requiring blood sugar testing with a glucometer, the licensed	S5165			

Kansas Department on Aging

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S5165	Continued From page 6 nurse failed to delegate glucometer blood sugar testing to CMAs under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of employee files at 10:15 a.m. on 6/18/15 with the operator revealed CMA #F, CMA #A, and CMA #E each lacked documentation of licensed nurse delegation of blood sugar testing with a glucometer. At 10:25 a.m. on 6/18/15, CMA #D stated resident (#503) and resident (#504) each required a CMA to test each resident's blood sugar with a glucometer. CMA #D provided the June 2015 medication administration record for each resident with documentation that resident #503's blood sugar was tested one time a week at 7:00 a.m. and 4:00 p.m. and resident #504's blood sugar was tested one time a week at 7:00 a.m. and 4:00 p.m. and as needed for signs and symptoms of low blood sugar. At 10:30 a.m. on 6/18/15, the operator confirmed the licensed nurse failed to delegate glucometer testing of residents to these CMAs. For 3 CMA employee files reviewed and residents #503 and #504 who required blood sugar testing with a glucometer, the licensed nurse failed to delegate glucometer blood sugar testing to the CMAs under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5170 SS=D	26-42-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments	S5170		

Kansas Department on Aging

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S5170	<p>Continued From page 7</p> <p>thereto.</p> <p>(1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service.</p> <p>(2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record.</p> <p>(3) A medical care provider ' s order for skilled nursing care shall be documented in the resident ' s record in the home. A copy of the medical care provider ' s order from a home health agency or hospice may be used.</p> <p>(4) The administrator or operator shall ensure that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services.</p> <p>(h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-204(g)(1)(2)</p> <p>The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on record review, interview, and observation for 1 (#502) of 3 residents sampled, the operator failed to ensure the resident's health care service plan included the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing the service. The operator further failed to ensure the licensed nurse providing the skilled nursing care documented the service provided and the outcome of the service in the resident's record.</p>	S5170		

Kansas Department on Aging

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S5170	<p>Continued From page 8</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #502 revealed an admission date of 3/11/14 and diagnosis of dementia with behaviors. <p>The functional capacity screen dated 11/24/14 indicated the resident required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating; was unable to perform management of medications and treatments; was frequently incontinent of urine; experienced impaired short-term memory, long-term memory, decision making, and memory recall; required a wheelchair for mobility.</p> <p>The negotiated service agreement and health care service plan dated 11/24/14 documented facility staff provided physical assistance with all activities of daily living and management of medications and treatments. The negotiated service agreement and health care service plan did not document services from an outside provider.</p> <p>The resident record contained documentation by a medical care provider dated 5/18/15 that resident had developed wounds to buttocks area due to lack of movement. The record contained a medical care provider's order dated 5/19/15 for home health nursing, physical therapy, and occupational therapy to evaluate and possibly treat.</p> <p>At 4:30 p.m. on 6/16/15, in resident #502's room observed certified medication aide #A provide incontinence care to resident while resident was in bed. Licensed nurse #B also present to assess resident's skin. Observed a small red area with peeling skin surrounding on left inner buttock.</p>	S5170			

Kansas Department on Aging

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S5170	Continued From page 9 Licensed nurse #B stated a home health nurse visited the resident 1 or 2 times a week to provide wound care and assessment. The resident's record lacked documentation by a home health nurse of the provision of wound care and the outcome of the service. At 11:00 a.m. on 6/17/15, observed a home health nurse performing an assessment of the resident's wound. The home health nurse stated the wound was now healed but he/she would continue to monitor the area. Home health nurse stated he/she did not document wound care and assessments in the resident's record. At 10:55 a.m. on 6/18/15, the operator confirmed the resident's negotiated service agreement/health care service plan lacked the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing the service. For resident #502, the operator failed to ensure the resident's health care service plan included the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing the service and failed to ensure the licensed nurse providing the skilled nursing care documented the service provided and the outcome of the service in the resident's record.	S5170			
S5185 SS=F	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident 's negotiated service agreement. (b) The supervisory responsibility for dietetic	S5185			

Kansas Department on Aging

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S5185	<p>Continued From page 10</p> <p>services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-206(c)</p> <p>The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on record review, interview, and observation for 3 (sampled resident #502 and focus review residents #506 and #507) of 3 residents requiring a pureed diet, the operator failed to ensure the provision of a mechanically altered diet prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #502 revealed an admission date of 3/11/14 and a diagnosis of dementia with behaviors. <p>The functional capacity screen dated 11/24/14 indicated the resident required physical assistance with eating.</p> <p>The negotiated service agreement dated 11/24/14 documented the resident required feeding</p>	S5185		

Kansas Department on Aging

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S5185	<p>Continued From page 11</p> <p>assistance and a therapeutic diet.</p> <p>The record contained a medical care provider's order sheet signed by the medical care provider on 5/26/15 for a "mechanical soft or pureed diet to pudding consistency as needed for safety/fatigue."</p> <p>At 12:00 p.m. on 6/16/15, observed certified medication aide #D feeding resident #502 a pureed diet.</p> <p>During an interview at 10:55 a.m. on 6/18/15, operator confirmed certified staff did not prepare the resident's pureed diet according to instructions from a medical care provider or licensed dietitian.</p> <p>For resident #502, the operator failed to ensure the provision of a mechanically altered diet prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>- Focus record review for resident #506 revealed an admission date of 2/11/13 and diagnoses of Alzheimer's disease, rheumatoid arthritis, and osteoporosis.</p> <p>The functional capacity screen dated 5/22/14 indicated the resident required physical assistance with eating.</p> <p>The negotiated service agreement dated 5/21/15 documented the service of total assistance with eating and resident required a pureed diet to pudding consistency.</p> <p>The record contained a medical care provider's order sheet signed by the medical care provider on 5/26/15 for a "mechanical soft or pureed diet</p>	S5185			

Kansas Department on Aging

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S5185	<p>Continued From page 12</p> <p>to pudding consistency as needed for safety/fatigue with regular liquids."</p> <p>At 12:00 p.m. on 6/16/15, observed certified medication aide #E feeding resident #506 a pureed diet.</p> <p>At 11:00 a.m. on 6/18/15, operator confirmed certified staff did not prepare the resident's pureed diet according to instructions from a medical care provider or licensed dietitian.</p> <p>For resident #506, the operator failed to ensure the provision of a mechanically altered diet prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>- Focus record review for resident #507 revealed an admission date of 6/7/14 and diagnoses of dementia with behavioral disturbance, hypertension, and anxiety.</p> <p>The functional capacity screen dated 1/31/15 indicated the resident was unable to feed self.</p> <p>The negotiated service agreement dated 1/31/15 documented the service of total assistance with eating and resident required a therapeutic diet.</p> <p>The record contained a medical care provider's order sheet signed by the medical care provider on 5/26/15 for a mechanical soft diet, chop meats, and chop vegetables.</p> <p>At 12:00 p.m. on 6/16/15, observed certified medication aide #E feeding resident #507 a pureed diet.</p> <p>At 11:20 a.m. on 6/18/15, operator confirmed certified staff did not prepare the resident's</p>	S5185			

Kansas Department on Aging

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S5185	Continued From page 13 pureed diet according to instructions from a medical care provider or licensed dietitian. For resident #507, the operator failed to ensure the provision of a mechanically altered diet prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on record review and interview for 3 of 5 employee files reviewed, the operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

Kansas Department on Aging

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NAME OF PROVIDER OR SUPPLIER ACCORD SENIOR CARE INC - ROCKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 6807 E ROCKWOOD RD WICHITA, KS 67206		
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S5230	Continued From page 14 Findings included: - Review of employee files at 10:00 a.m. on 6/18/15 revealed the following employees were not tested for TB according to the department's guidelines with an initial TB symptom screen and TB skin test within 7 days of employment: The file of licensed nurse #B with hire date of December 2014 lacked a TB symptom screen. The file contained the first documented TB skin test on 4/14/15. The file of certified nursing assistant #G with hire date of 5/29/15 lacked a TB symptom screen and TB testing. The file of certified medication aide #F with hire date of 6/1/15 contained documentation of the first TB skin test on 6/16/15. The employee's file lacked documentation of a TB symptom screen. At 10:10 a.m. on 6/18/15, the operator confirmed the employees were not tested and screened for TB within 7 days of employment. For 3 employees, the operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

Kansas Department on Aging

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S5251	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11)</p> <p>The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on record review and interview for 1 (#503) of 3 residents sampled, the operator failed to ensure the resident's record contained documentation that the resident experienced a fall including the date, time of occurrence, action taken, and results of the action.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #503 revealed an admission date of 2/4/15 and diagnoses of dementia, diabetes mellitus type II, and hypothyroidism. <p>The admission functional capacity screen dated 2/4/15 indicated the resident required supervision with dressing, toileting, transferring, mobility, and eating; physical assistance with bathing; was unable to perform management of medications and treatments; was usually continent of urine; was at risk for falls; and experienced impaired short-term memory, decision making, and memory recall.</p> <p>Review of the resident roster revealed resident #503 had experienced a fall in the last 6 months.</p> <p>The record lacked documentation of resident falling.</p>	S5251			

Kansas Department on Aging

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S5251	Continued From page 16 At 1:30 p.m. on 6/16/15, when asked about resident falling, licensed nurse #B stated resident was found sitting in doorway to his/her room by a staff person. Licensed nurse #B provided an incident report that contained documentation a certified medication aide found resident on the floor at 10:10 p.m. on 5/20/15. Licensed nurse #B stated he/she did not document the incident in the resident's record or a follow-up assessment of the resident. The operator failed to ensure resident #503's record contained documentation that the resident experienced a fall including the date, time of occurrence, action taken, and results of the action.	S5251		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 7 residents. The sample included 3 residents, 4 residents focus review, and 1 closed record review. Based on observation, interview, and record review for all residents, the operator failed to ensure a hot	S5380		

Kansas Department on Aging

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S5380	<p>Continued From page 17</p> <p>water temperature range of 98 degrees Fahrenheit (° F) and 120° F at all times from showers and lavatories accessible to residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During tour of the facility basement at 10:25 on 6/16/16 observed 2 hot water tanks. <p>At 11:15 a.m. on 6/16/15 began checking hot water temperature and obtained the following readings:</p> <p>132.6° F from the sink in the shower room</p> <p>123.4° F from the sink in resident #503's bathroom</p> <p>122.5° F from the kitchen sink</p> <p>At 11:18 a.m. on 6/16/15, the operator stated hot water temperatures were monitored monthly. Operator provided documentation of hot water temperature readings with last date measured November 2014. Operator confirmed no record of hot water temperatures since then. Operator stated he/she would adjust the thermostat on each hot water tank to bring the hot water temperatures in range.</p> <p>Review of the resident roster revealed 2 of the 7 residents were independent with toileting and all 7 residents required physical assistance with bathing.</p> <p>During an interview at 10:45 a.m. on 6/18/15, operator stated certified medication aide #C was to monitor hot water temperatures weekly and report to the operator any readings out of range. Operator confirmed he/she did not follow-up to</p>	S5380			

Kansas Department on Aging

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S5380	Continued From page 18 ensure hot water temperatures were monitored and in range. The operator failed to ensure a hot water temperature range of 98° F and 120° F at all times from showers and lavatories accessible to residents.	S5380			